

# HEPATITIS A

## WORKSHEET (THIS IS NOT A CASE REPORT FORM)

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

DIVISION OF EPIDEMIOLOGY AND IMMUNIZATION (617) 983-6800

FAX (617)983-6813

Person Completing the Form: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Name of Person Reporting: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Affiliation of Person Reporting: \_\_\_\_\_

### I. Case Information

IgM result: \_\_\_\_\_ (date)

Symptom Onset Date: \_\_\_\_\_

IgG result: \_\_\_\_\_ (date)

(if specific onset is unknown, use date of blood draw, see pg. 2)

**\*\*\*Laboratory results must confirm antiHAV IgM+ to proceed with case investigation\*\*\***

Name	Date of birth/age	Sex	Race/Ethnicity
Address	City		
Parents'/guardians' names (if applicable)	Phone number (____) _____		
Occupation (if student, specify grade or daycare)	Name and Address of Place of Employment/School/Daycare		
Contact name and phone for place of employment/school/daycare		Medical Record Number	
Was Local Board of Health Notified? Y N BOH Contact Name and Phone Number: _____			

### II. Clinical Information

Physician's name/phone number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Was the case hospitalized? Y N Name of hospital: \_\_\_\_\_

Diarrhea: YES NO

Other Symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Determining "Period of Infectivity"

Fecal shedding of the virus peaks during the week prior to onset of symptoms. For purposes of public health intervention, a patient should be considered to be infectious for 14 days prior to the onset of symptoms to 7 days after onset of symptoms. If symptom onset is unclear, use the date when jaundice was first noted. If no symptoms were noted, the date the blood was drawn is considered the date of onset.

Symptom onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Period of Infectivity: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(two weeks prior to sx. onset) (one week after sx. onset)

### III. Work History

**NOTE:** Because hepatitis A transmission is through the fecal - oral route, it is very important to determine whether the case is a food worker. A food worker is any person directly preparing or handling food. A food worker may also include those who feed or assist others in eating, give oral medications or give mouth/dental care. This includes health care workers, daycare providers and dental hygienists.

1) **During the period of infectivity (see above) has the case worked or volunteered at any of the following:**

Daycare Center	_____	Dates worked: _____
Food Service Industry	_____	Dates worked: _____
Guesthouse/Inn/ B& B	_____	Dates worked: _____
Bartender	_____	Dates worked: _____
Patient Care	_____	Dates worked: _____
Baby-sitting	_____	Dates worked: _____

**NOTES:** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

2) **If yes was answered to any of the above, please answer the following questions:**

a. While working in the above position(s), did the case prepare/serve/ or handle foods, assist others in eating, or give oral medications? **Y N**

b. If foods were prepared/handled/served, were they foods that would not be cooked before being eaten? **Y N**  
Please list all foods prepared/handled/served (eg. salads, ice cream, sandwiches):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. While working in the above position(s), did the case have bare hand contact with foods or medications. In other words, were there times when the case did not wear protective gloves or use serving utensils? **Y N**

#### IV. Control Measures

Control measures are implemented through the administration of immune globulin (IG) to individuals who have been in “contact” (see definition below) with a case during the “period of infectivity” (see definition pg. 2). IG should be initiated as soon as possible after exposure and is 80-90% effective in preventing hepatitis A if administered within 14 days. Food workers, co-workers of food workers, and other contacts who are food workers must follow special control measures according to **105 CMR 300.000: Reportable Diseases and Isolation and Quarantine Regulations** (see “food worker control measures” below).

**Note: IG is provided by the MDPH. If large numbers of individuals require prophylaxis, please call the Division of Epidemiology and Immunization (617-983-6800) to arrange the shipment of IG. Coordination of the administration of IG will be the responsibility of the local health department.**

## How to Define a “Contact”

“Contacts” include:

- **all household members**
- sexual contacts during the period of infectivity
- anyone sharing food or eating or drinking utensils with a case during the period of infectivity
- anyone consuming ready to eat foods (foods that are not cooked between when they are handled by the food worker and when they are eaten) prepared by an infected food worker with diarrhea during the period of infectivity

## “Food Worker Control Measures”

If a food worker is a confirmed case of hepatitis A, all other foodhandling employees in the facility must receive IG within two weeks of exposure. Unless the foodhandling facility employee contacts can produce documentation of HAV vaccination or can show serologic immunity to HAV, they must be excluded from work for 28 days if they do not receive IG within 2 weeks. The same exclusion criteria apply to *any* foodhandling “contacts” of *any* confirmed case.

## “Daycare Control Measures”

If a daycare student or staff member is diagnosed as a hepatitis A case, please refer to the *Health and Safety in Child Care* manual for control guidelines. Exclusion requirements and examples of parental notification letters are included in this document.

NOTES: \_\_\_\_\_

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## V. Other Control Considerations

### Surveillance

The incubation period for hepatitis A is 15-50 days with an average of one month. Because fecal shedding of the virus occurs for up to several weeks before antibodies can be detected in the blood, **it is not recommended** that serologic testing be performed prior to administration of IG for contacts of a case. Contacts should be monitored for a period of 50 days (one incubation period) for symptoms compatible with hepatitis A.

**Surveillance Timeframe:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(50 days after last day of contact with an infectious case)

### Public Notification

If the case is a food worker who worked while infectious, a determination will be made by the MDPH and the local health department as to whether or not the risk to the public is sufficient enough to warrant public notification. Please call the Division of Epidemiology and Immunization at 617-983-6800.

1. During the period of infectivity, did the case directly handle, without gloves, foods that were not cooked before they were eaten?  
Y N
2. During the period of infectivity, did the case have diarrhea while working? Y N
3. Can the public be given IG within 2 weeks of exposure? Y N

**Period of Public Exposure:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(can be specific days or up to two week period of infectivity)

**Last date public can receive IG:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(two weeks after last date of exposure)

**NOTES:** \_\_\_\_\_  
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**NOTE: Hepatitis A is a reportable disease. Please report all cases of hepatitis A via the viral hepatitis case report form. Please report within 24 hours all confirmed or suspect cases in food workers to the MDPH Division of Epidemiology and Immunization at 617-983-6800.**